Guiding Our Efforts

Our Vision:
CHKD nurses deliver exceptional pediatric care to our patients and their families in collaboration with other members of the healthcare team and community partners.

Our Mission:
We are engaged, professional, and compassionate caregivers who hold patients and families at the heart of our care.

Our Values:
• Compassionate care
• Empowerment
• Professional relationships

Our Philosophy Statement:
• Exceptional nursing care is grounded in evidence-based practice.
• Delivering patient-centered care requires high-functioning team members who demonstrate effective communication skills and a commitment to individualized care. We are responsible for following best practices and achieving quality patient outcomes.
• Nursing leadership, from bedside to administration, fosters trust, clinical inquiry, and service to colleagues and patients.
• Our practice environment utilizes resources to maximize patient safety, strong working relationships, and job satisfaction. As a result, we deliver the highest quality of care.
• We are internally motivated to continue our professional growth.
CHKD was established in 1961 by The King’s Daughters – a charitable organization that has worked since 1896 to improve children’s health in our region. Their philanthropic mission and unwavering focus on what’s best for children still guide our efforts today as we strive to provide the highest quality care to every child who needs it, regardless of any family’s ability to pay.

Thanks to the efforts of The King’s Daughters, nurses have played a pivotal role in caring for the region’s children long before the hospital first opened its doors. In 1897, The King’s Daughters established a visiting nurse service. They hired Miss Edith Nason, who saw patients in their homes six days a week, traveling on foot through Norfolk’s poorest neighborhoods. According to historical records of The King’s Daughters, Nason made 1,771 house visits during her first year. By 1912, the visiting nurse service employed seven nurses who rode bicycles to reach their patients.

To meet the city’s growing need for healthcare services, The King’s Daughters established a baby clinic in 1913 at their Duke Street headquarters in Norfolk. It wasn’t long before the clinic provided maternity care in women’s homes and, eventually, a designated maternity center. By 1931, the visiting nurses were making more than 40,000 home visits every year.

Fundraising to establish a children’s hospital began in the 1950s. When the hospital opened, it was called The King’s Daughters Children’s Hospital. Five years later, the visiting nurse service was phased out. Throughout the years, the hospital has evolved and grown to provide comprehensive pediatric care. Today, about 3,500 employees work for Children’s Hospital of The King’s Daughters Health System.

The heart of our healthcare system is our 206-bed teaching hospital in Norfolk – the only facility of its kind in Virginia. CHKD provides the highest level of neonatal intensive care in our region as well as specialty units for pediatric intensive care, cancer treatment, acute inpatient rehabilitation, medical and surgical care, and transitional care. In 2022, CHKD opened Children’s Pavilion, a new mental health hospital and outpatient center that will provide 60 private inpatient rooms.
Welcome

Dear Colleagues,

We are pleased to present the 2021-2022 Biennial Report for Nursing and Patient Care Services at Children’s Hospital of The King’s Daughters.

Since March of 2020, our professional and personal lives have been embedded in the harsh realities of the COVID-19 pandemic. The last months of 2022 challenged us with unprecedented staffing shortages, multiple pediatric respiratory diseases, severely injured children, and compromised civility in our community and beyond. You continue to make a profound difference in the lives of the children and their families entrusted to our care, holding fast to our mission of health, healing, and hope for all children.

Take time to reflect on your accomplishments highlighted in this report and celebrate these successes and achievements with one another. The greatest joys in your work are certainly marked by a shared vision and collaboration.

I am honored to work with a highly competent and compassionate team that serves children and each other.

With gratitude,
Karen K. Mitchell, MSN, RN
Chief Nursing Officer/Vice President, Patient Care Services
Health Care Heroes
Each year, Inside Business recognizes outstanding individuals and organizations that are making a remarkable difference in health care across Hampton Roads.

2021

Patricia Higazi, MSN, RN, COHN
Director of Occupational Health

Patricia Higazi has worked diligently throughout the pandemic, screening and testing our staff and employees for COVID-19 exposures and illnesses. She has treated each of our team members affected by this illness with clinical expertise and compassion.

When the COVID-19 vaccine became available, she led our efforts to immunize our team members. She trained staff on how to prepare the vaccine, administer the immunization, and record the data for reporting to the state. She worked with information services to create an online scheduling system for the first and second doses required.

She has trained volunteers to support our efforts and takes time each day to celebrate the achievements of all involved in the process. At the beginning of another long day, she sent the team a picture of the sunrise from the area where we are providing vaccines stating she is “so fortunate to be part of making our staff safe.”
Penny Hatfield, BSN, MBA, RN
Nurse Manager of Neonatal Intensive Care Unit

Penny Hatfield was just 24 years old when she began working at Children’s Hospital of The King’s Daughters as a nurse in the neonatal intensive care unit.

The year was 1978, and CHKD had opened the region’s first NICU just six years earlier. The field of neonatology was still in its early stages, with a growing number of healthcare workers devoting themselves to full-time neonatology in NICUs opening across the nation.

She didn’t know it at the time, but Hatfield would spend the rest of her career in the NICU, moving from nurse to instructor to operations coordinator to manager of the NICU. She retired in December after 44 years of watching and participating in the science, technology, and expertise that saved tinier and more frail babies over the decades.

In the beginning, the tiny babies shared a 20-bed unit with older children who also needed intensive care in the 1970s. Today, CHKD’s NICU has 70 beds in private and semi-private rooms, and is the highest-level facility in the region, treating 500 to 600 babies a year.

When she first started, babies who were born at less than 28 weeks gestation usually didn’t survive. Now some babies leave the NICU who were born at just 22 weeks, weighing less than a pound.

It’s not just the babies who need tender care, but the parents, who may not have expected their babies’ lives to begin in a NICU. There are times when parents must be supported during times of loss, even watching their child take their last breath.

Penny moved up to teaching and management positions throughout her career, but she never lost the love and the insight of a bedside nurse. She loved the babies, she knew what they and their families needed, and she also had a second sense of what her staff members needed to do their job.

She would go to bat for needs of the NICU, including participating in the most recent renovation that brought families more privacy with their babies, but also made sure equipment and design were arranged so staff could answer every need of their patients.

Advances over the decades have led to more healthy babies, more success stories, and more graduation ceremonies as babies are sent home with their families.

“The babies are some of the most fragile patients in the hospital, and we have the privilege of giving them the best start at life,” Hatfield said.
A Team Effort

Our Shared Governance Councils

Coordinating Council

The Coordinating Council, led by Karen K. Mitchell, Chief Nursing Officer and Vice President of Patient Care Services, brings the leaders of all nursing councils together to facilitate communication and provide strategic guidance and evaluation of all council efforts.

Staff Engagement Council

The Staff Engagement Council creates activities and events to engage and boost morale among our highly skilled nurses. The council also creates strategies and tactics to retain and recruit the strongest talent to join our Patient Care Services Team.

2021-2022 Accomplishments

Despite the challenges that the COVID-19 pandemic presented during 2021 and 2022, the Staff Engagement Council had many accomplishments.

Our team was able to have a successful cereal drive in 2022 as well as celebrate Nurses Week and Pediatric Nurses Week both years.
Our celebrations included decorating the walkway, picking out the yearly Nurses Week gift, hosting scavenger hunts and games throughout the hospital, and hosting various spirit weeks. We helped improve morale during these years by decorating the walkway for various occasions, such as Certified Nurses Week, Doctors’ Day, and for Valentine’s Day and summer. Our team also improved our process with the submissions and choosing of a winner of the Sunflower Award. We collaborated with IT and Marketing at CHKD to place the Sunflower Award nomination form online so that it is easily accessible by all.

**Informatics Council**

The Informatics Council works to ensure that CHKD’s electronic medical record system functions in alignment with nursing roles and responsibilities and reflects best nursing practices.

**2021-2022 Accomplishments**

- **Barcode Scanning Initiatives:**
  - Blood products, expressed human milk, and ready-to-feed formulas.
  - Electronic order entry and scanning of medications in the OR.

- **Optimization in the EMR:**
  - System-generated rules to alert staff of patients with a risk for suicide or elopement.
  - Addition of several clinical pathways and teaching guidelines to the interdisciplinary teaching record.
  - Revisions to the pediatric admission history.
  - Perioperative user experience improvements.
  - Standardization of discharge paperwork for patients and families.
  - Conversion of nursing end notes to interdisciplinary plans of care (IPOCs).
  - Documentation enhancements for pain assessment, pain score goal, and comfort measures.
  - Replacement of immunization schedule with new immunization forecaster.

- **Mental Health:**
  - Implement and support processes in the opening of MHES (Mental Health Emergency Services) department, 7D Inpatient Med-Psych Unit, and Children’s Pavilion Mental Health Inpatient Units.

- **Other Projects:**
  - Vocera Ease parent and guardian notification system in perioperative areas and PICU.
  - Ongoing work to support formulary changes related to national formula shortages.
  - Handoff tool for nursing staff – in progress, anticipated to go live 2023.
  - New EMR training model – in progress, anticipated to go live 2023.
Practice Council

The Practice Council ensures and guides best evidence-based practices throughout the Patient Care Services division. Their work is reflected in nursing policies and procedures, regulatory guidelines, staff education and development, as well as patient and family education and support.

2021-2022 Accomplishments

- Major changes to nine policies. Many revisions as well as restructuring and document control work to streamline the accessibility and limit duplicate documents.
- Facilitate changes to KDnet updates and Lippincott usage.
- Assisted with at least 32 practice changes in areas including IV management, laboratory, patient safety, communication, mental health, patient care, and restraint management process improvement.
- Assisted Nursing Informatics (NI) with at least 13 changes to EMR documentation and workflow.
- Regularly utilized as a resource for troubleshooting issues related to patient treatment, care, and safety on a monthly basis.

Innovations and Evidence-Based Practice Council

The Innovations and Evidence-Based Practice (IEBP) Council at Children’s Hospital of The King's Daughters promotes staff participation in evidence-based practice projects, quality improvement, and research. Objectives include encouragement and support of nursing research while increasing staff involvement as primary investigators. The council also assists with translating research findings and patient safety projects into nursing practice improvement initiatives - all while ensuring the integration of professional practice standards, organizational strategic pillars, and the relationship-based care professional practice model.

While constantly striving to increase the visibility of nursing research within the institution, as well as regionally and nationally, the council also provides support for unit-level initiatives. The IEBP Council strives to engage bedside staff from each department, clinical practice and education specialists, operational leadership, residents, members of hospital research coordination, and quality improvement and patient safety.

2021-2022 Accomplishments

- The IEBP council is working hard to reinvigorate nursing interest in research and evidence-based care. We have brought aboard some enthusiastic new members, and are focusing on addressing barriers to thoughtfully considered, data-driven care.
- The council is implementing unit boards to promote clinical inquiry and an IEBP ambassador program. Ambassadors will offer individualized support and encouragement to those interested in participating in EBP or research. We are excited to host EBP education sessions in 2023.
- Additionally, the council is looking forward to collaborating on active projects and re-establishing the nursing poster fair. We are working in partnership with the nursing new graduate residency program to stimulate interest in EBP and evidence use in meaningful ways.
Unit-Based Councils

7C Med/Surg Unit
The staff on 7C continue their hard work to promote the unit and hospital through various activities.

5B Inpatient Hem/Onc and Children’s Cancer and Blood Disorders Center
- Sickle Cell Project and Nursing Grand Rounds
  - Members of our UBC along with nurses from 5B, CCBDC, and hematology/oncology nurse practitioner presented “Living well with Sickle Cell” on Oct. 6, 2022.
  - The topics included:
    - Information about the comprehensive sickle cell program.
    - Current and new treatments.
    - Simple transfusion vs. partial exchange transfusion.
    - Oral medications.
    - Outpatient infusions.
    - Inpatient plan of care.
    - Transplant and gene therapy.
- **Sickle Cell and Emergency Department Collaboration**
  - Hem/onc UBC members performed several audits over the last two years on the pain management of sickle cell patients from the moment they entered the ED through admission. Data was collected from both the ED and 5B on the time it took to start patient-controlled analgesia (PCA) when indicated. The hem/onc UBC reported the findings of this primary audit to ED leadership and collaborated then with the hem/onc pharmacist and the hospital supervisors to create a plan to best manage this patient population. A secondary audit was completed, and it was determined that the best place to start PCA for sickle cell patients was on 5B since they have the right equipment and medications. With this new plan in place, it has been reported by staff and patients that PCAs are being started faster and pain has been managed quicker.

- **Time to Admission**
  - As a quality improvement project based on Press Ganey patient and family satisfaction surveys, the hematology and oncology division has tracked time to admission from the Children’s Cancer and Blood Disorders Center (CCBDC) to the inpatient hematology and oncology unit (5B) since August 2018. The hem/onc division admitted 239 patients in FY 2021 and 212 patients in FY 2022 from the CCBDC to 5B. Although our average time to admission time has not changed drastically overall (average 6 hours 9 minutes in FY 2019, average 6 hours 4 minutes FY 2022), the hem/onc division has seen a decrease in negative comments related to wait time for admission through Press Ganey surveys. In addition, we have seen an overall decrease in the number of patients who are scheduled for admission admitted after 6 p.m. when the CCBDC is closed (50 in FY 2019 and 28 in FY 2022). Interventions have focused on improvement of communication of planned and unplanned admissions between the patient and family, bedside nurses, charge nurse, nursing supervisor, attending physician, and admitting resident. We continue to explore additional quality improvement opportunities from this project including chemotherapy start time and location.

- **Hem/Onc 200s**
  - The hem/onc UBC plans and facilitates periodic educational offerings, known as “Hem/Onc 200s”, intended for the entire interdisciplinary team. The content is specific to the hematology/oncology specialty and offers continuing education credit for nurses. In the past two years, topics have included: communication, sickle cell disease, anticoagulation, pediatric clotting disorders, and palliative care.

- **Roc Solid/Edmarc Support**
  - The hem/onc UBC collaborated with Roc Solid in 2021. Each month, staff from both the CCBDC and 5B brought in items listed on Roc Solid’s “Need List” in order to help increase the supply of items used in Roc Solid’s ready bags. UBC members also went to the Roc Solid warehouse and helped pack bags on two separate days.
  - There was a list that people could choose from including legacy building items.
TEAMWORK

• Lemonade Stand
  ○ The hem/onc UBC hosted an Anthem LemonAid stand with hem/onc themed lemonade, such as “standard risk protocol,” “apheresis unit,” and “radiation recall.” The event raised $600 for our pediatric cancer program at CHKD and provided an opportunity for our team to gather outside of work.

• Anniversary Cards
  ○ Each month a different member of the hem/onc UBC takes time to write anniversary cards to each staff member who was hired that month. These cards acknowledge the time that the employee has given even between milestone anniversary dates that are celebrated by the organization. Our team members have stated how much a thoughtful, handwritten note has meant.

• Staff support/celebrations
  ○ The hem/onc UBC has sponsored several lunches and raffles. We’ve also hosted hot cocoa bars and sold candy grams, all to celebrate our staff and recognize what they do each day for our patients and families. A nice lunch or a hot drink was a welcome break in a difficult shift.

• Run/Walk
  ○ Our shared UBC created a team for CHKD’s 2022 RunWalk: Team Hem/Onc Hope. Mackenzie Ketchum and Deborah Zapata, as well as her two boys, represented Team Hem/Onc Hope on May 14th, 2022, by running the 8K alongside all other CHKD teams. All RunWalk proceeds benefited CHKD’s mental health initiative.

8C Progressive Care Unit

Completed projects include:

• Working with resident workgroup on patient room whiteboard project to increase compliance of using whiteboards to increase communication between families and interdisciplinary team.

• Staff morale: safari star winners every month, baby gifts for expecting mothers and fathers, and holiday parties. Sunshine Morale Committee to plan staff outings.

• Troubleshooting bedside label printers with NI/IS to increase compliance.

• Transitioned from temporal artery thermometer per pod to TAs in all patient rooms (MH TAs are outside room).

• Placed Make Pain Bearable signs in every room.

• Created suggestion box for staff to anonymously have input. As a result, bottle warmers are in every pod instead of the pantry.

• Created welcome bags for new staff: pen, dry erase marker and sharpie for badge, lanyard, and badge buddy cards.
Emergency Department

• Created a virtual Anthem LemonAid stand team and a CHKD RunWalk team (Trauma TroopERs)
• Morale and team activities consisting of Tides games, summer beach and pool party, co-ed recreation softball team (I.V. Leaguers), maintaining a unit snack drawer to help pay for things for the unit, and many Elfster gift exchanges for Nurses Week, Pediatric Nurses Week, the holidays, and Valentine’s gift exchange.
• Added a pyxis to monitored bed unit.
• Opening up the mental health emergency services unit – a six-bed, self-contained unit with its own nurse’s station.
• Surge doctor and nurse coverage for the tridemic of Covid, flu and RSV.
• Waiting room and triage rooms were redesigned.
• Developed a new and ever-changing triage process.
• We continue with team nursing, which has many benefits.
• Created a peer interview workgroup and team for potential new hires.
• Minor care with more coverage and an up-front provider in the waiting room.
• Blue cards for PICU admissions to make sure the patient is stable for transport and all the proper equipment is available for the transport.
• Doctor recognition of emergency department staff.

Education updates:

• Hired an emergency department clinical practice and education specialist.
• Annual emergency department skills day. This year featured an escape room.
• Revamped the emergency department preceptor class.
• Currently revising the orientation process for new graduates and new hires to get rid of the phases.
• Revised the triage class.
• Quarterly trauma training to include topics such as Lifeflow, Warrior, chest tubes, MTP, and CVL’s.
• Started an emergency department education information board that is updated bi-monthly and restarted article reviews, both of which allows nurses to obtain continuing education credit.
OR UBC at Concert Drive
The OR at Concert Drive started their first UBC. This year, the chair and co-chair of the UBC mentored staff within their facility for the clinical advancement program. Three new nurses participated successfully. That brought the total number of nurses within that facility to six.

The UBC initiated Skills Day with participation from their SPD and surgical room staff. It was a lot of fun, and everyone gained new insights to how the unit functions.

The UBC also adopted New Castle Elementary School for the Heroes Helping Heroes Project. They collected treats and supplies for the educational heroes at the school and presented them to the administration and staff. Their efforts were featured in The Virginian-Pilot’s Beacon section on Nov. 8, 2022.

NICU UBC
Neonatal Nurses Week was recognized the week of Sept. 13, 2021, and Sept. 12, 2022. For both years, we wanted to celebrate the hard work and tireless efforts of our nurses during the pandemic. We planned a little treat and event for each day of the week. We provided an ice cream bar and a coffee bar. Management and the Family Advisory Council put together sweet treats for the staff.

In 2022, we hosted a night out at Back Bay’s Farmhouse Brewing Co. for the staff to meet each other’s families. Each year, we had a Wear Your Favorite NICU T-shirt Day and a fun game that allows the staff to win a prize. We also decorated the walkway with pictures of our NICU grads (with permission from family), as well as lots of pictures of our staff and the things we have accomplished throughout the years.

For the holidays, we always hold a weeklong holiday celebration on our unit. We included activities like ornament crafting, a tacky holiday sweater contest, providing “make your own” hot cocoa and cookies, a gift exchange, and of course wearing our holiday pajamas. We even auctioned off gift baskets with all kinds of goodies. All proceeds went to staff engagement funding.
T-shirt Contests and Snack Bar
T-shirts are very popular among the NICU staff. We continue to design contests for seasonal shirts and Neonatal Nurses Week. Our council started and maintains the unit snack bar. We keep it stocked with all kinds of snacks and goodies and have it in a common safe place with a code, so it is easily accessible to all staff. All of our profits go back into the unit. For instance, we use the profits to buy more stock for the snack bar as well as supplies that we need for celebratory events.

Appreciation and Recognition
Throughout the year, we recognize members of the staff and their contribution to the NICU. We sign handmade cards and give out gifts such as candy, flowers, Nothing Bundt cakes, homemade cookies, Starbucks gift cards, etc. for Management Appreciation, Pharmacist Day, Respiratory Therapist Week, and Ancillary Staff Week. For Doctors’ Day in 2022, we made a short video in which we shared videos and pictures of the staff expressing their appreciation for our neonatologists, along with funny videos of us acting out some of their catch phrases and idiosyncrasies.

Welcome Board
At the entrance of our NICU we have a Welcome Board. This includes new education, a calendar with monthly events, shoutouts from staff meetings, and pictures of new staff members.

NICU Practice Council Activities
• NICU policies: Staff members signed up to assist with NICU policy review and revision. The staff nurses chose a topic they were interested in and collaborated on the revisions.
• The staff were surveyed to gather ideas on what topics and projects are needed for the unit. We compiled a list and each month we review which topics are left for discussion and needed work. This was also placed on the NICU SharePoint page.
• Parent orientation and discharge classes were created for the parents by the staff nurses. Nurses teach the classes as often as they want on their day off. Parent attendance has been inconsistent, so we are working on transitioning to Zoom or WebEx and posting the videos.

Neuroscience UBC
Neuroscience is a fairly new unit having opened in January 2017. In the last two years, our UBC has flourished in both the quantity and quality of unit teamwork.

We established a unit snack cart and a book exchange cart for staff. We designed several T-shirts and sold them to raise money for our UBC. For the holidays, we designed and provided sweatshirts for all neuroscience staff in appreciation of their hard work and dedication to patient and family care as well as recognizing staff birthdays with Twisted Sister Cupcakes. Our UBC donated and collected items to create beautiful holiday baskets. We used the basket raffle funds towards both unit needs and to purchase a prize box and supplies. These prizes are utilized for our patients after experiencing stressful treatments and procedures.

Our UBC has future projects planned that will continue to benefit our neuroscience patients and families as well as increasing staff morale.
OR
The OR team participated in many fun activities organized by our morale committee.

Activities included:
• Norfolk Admirals hockey game.
• Bark in the Park outing for the Norfolk Tides.
• Family yoga at Sky’s the Limit Studio.
• Team brunch.
• Apple picking.
• Movie night featuring Rocky Horror Picture Show.
• Pinot’s Palette.

PACU
Accomplishments from 2021 – 2022 include:
• Participated in the CHKD Run/Walk and LemonAid Stand fundraisers.
• Organized a beach cleanup of Ocean View in Norfolk.
• Implemented use of the Vocera Ease communication device to communicate with families in the perioperative setting.
• Created a PACU Skills Day for nurses to learn and stay competent in unit-specific skills.

PICU
PICU Education in 2022
As pediatric critical care continues to expand and develop, the multidisciplinary team worked together to provide the following new education in 2022 to ensure the PICU staff is equipped to care for this population.

• The PICU Lecture Series provided a total of 17 lectures from a variety of disciplines. The topics ranged from presentations about family perspective in the PICU from members of the Patient and Family Advisory Council to training on arrhythmias and pacemakers to SMA and more.
• Two courses provided specialty training for postoperative neurosurgical and cardiac patients requiring critical care.
• The cardiac surgery team provided new courses as the cardiac program at CHKD continues to expand. These mandatory courses provided an additional 16 hours of didactic and hands-on simulation training.
• The Novice and Advanced Beginners Club (NAB Club) was started and offers monthly meetings to provide tailored training in a comfortable environment for all nurses with two years or less PICU experience.
Quality Improvement in 2022
- Between January and April, all nurses retrained on the Toyota Job Instruction process for CVL management in an effort to reduce PICU CLABSI rates.
- Real-time training of a new mode of dialysis, the Aquadex, was completed to ensure a PICU patient received the best care possible.
- In the PICU, a new debrief process was established. This process evaluates resuscitation efforts in the PICU, educates on specific disease process and interventions, and provides an outlet for coping and processing in real time.
- Bolusing medications from continuous infusions began at the end of 2021. This allows for faster delivery of medications in addition to reducing central line entries. This was a major practice shift for the PICU. Efforts to expand the list of medications included in this process are ongoing.

Early Mobility
Mobilizing children in the ICU setting has been an up-and-coming goal for PICUs around the world. This major shift in ICU care has been proven to reduce mortality and morbidity and return children to their baselines faster. We started our early mobility initiative in the PICU in 2020 following 18 months planning. We had a large multidisciplinary team to help make this a reality. We rolled out our early mobility process in April of 2022 and have been seeing increasing successes. One of our very early successes was mobilizing and extubating a patient on ECMO. Since then, we’ve continued to get intubated patients out of bed. The team has collaborated and put in much effort to change workflow, culture, and daily processes to make this a reality. All PICU patients are eligible for this program and can benefit from inclusion.

Family Support
- Heart Beat Teddy Bears: Beginning in 2020, our UBC worked with chaplaincy to gain funding for heart beat teddy bears to present to bereaved families. PICU nursing staff works in collaboration with the cardiac echo techs to record heart beats of the patients to be placed in a stuffed bear. The Junior Honor Society at St. Gregory the Great has raised over $3,000 to support this project. The PICU staff and patient family members are grateful that we have been able to provide this meaningful legacy item.
- PICU nurses voted in favor of implementation of the Vocera Ease app to expand family communication and allow for photos to be sent to families when they are unable to be at the bedside.

Resource Pool
In 2022, the resource pool established their first morale committee in place of a Unit-Based Council. Resource pool staff were encouraged to join other unit-based councils to share their knowledge and experiences with the units. The morale committee was founded by Michelle Pargoe, RN, who stated “I came up with the idea because the smiles were few and far between and I wanted to be the change. It is the little things in life that are truly the best and most meaningful. So, we came up with a committee and wrote a mission statement that encompassed what we wanted to accomplish.” Michelle quickly gained support and began to build the committee with the first member, Jamalia Thomas, RN. Since then, two additional staff have joined as well.

Part of the mission statement reads that the morale committee serves to spread positivity through not only the resource pool department, but the whole hospital. There are plans for growth as we move through 2023.
In 2022, the morale committee accomplishments included:

- Providing goody bags for staff members.
- Organizing an inspirational T-shirt purchase for the department.
- Establishing a bulletin board outside of the nursing supervisor’s office that has positive statements, jokes, and positivity cards.
- Creating handwritten anniversary, get well soon, thinking of you, and celebration cards signed by teammates, so staff feel they are remembered.
- Celebrating Pediatric Nurses Week with daily treats to remind us of our “why” we became a nurse.
- Providing sensory toy bin for staff during highly stressful situations.

**TICU**

TICU has updated the discharge resources to help parents.

On the technology dependent ICU, we have been adapting our discharge process in regard to parent and caregiver education. Our unit’s primary focus is teaching our families how to care for their children with tracheostomies, ventilators, and feeding tubes. We have updated our discharge book which includes information on what a tracheostomy is, why a child may have it, and aspects of care, cleaning, and emergency interventions. Our new discharge booklet will go hand in hand with our new discharge posters in our rooms. The posters will have the learning phases and parents will be able to follow along how their education is progressing and what the next steps are to our end goal: Home!

**Transport**

CHKD’s transport and trauma teams participated in a local parade to show their holiday spirit.
Ortho Clinic & Sports Medicine Physical Therapy

- In 2022, Sports Physical Therapy Residency gained full accreditation through ABPTRFE.
- The Spine Program hosted Thoracic Park, a scoliosis awareness event on Saturday, November 5, 2022.
- The Spine Program hosted its Second Annual Scoliosis Festival Saturday, Aug. 21, 2021, in Chesapeake at Coastal Prosthetic and Orthotics.

Respiratory Therapy UBC
Respiratory Therapy has continued to work on diminishing our unplanned extubation rate in the ICU. NICU has been our main focus and we have partnered with Children’s Hospitals Solutions for Patient Safety, a network of children’s hospitals focused on improving patient and employee safety. We have been able to track and reduce our extubation rate but still have work to do.

ECMO
Due to the growth of the extracorporeal membrane oxygenation (ECMO) therapy program, a new ECMO manager was hired in 2021 to work with the program director.

- Cases reported to Extracorporeal Life Support Organization (ELSO):
  - 2018: 2 ECMO cases reported to ELSO
  - 2019: 9 ECMO cases reported to ELSO
  - 2020: 10 ECMO cases reported to ELSO
  - 2021: 14 ECMO cases reported to ELSO (2,538 total hours)
  - 2022: 12 ECMO cases reported to ELSO (2,550 total hours)
- CHKD Pediatric and Neonatal outcomes exceed those globally reported to ELSO
Fall 2021, we received the Silver Level designation (Center on the Pathway to Excellence in Life Support) from the Extracorporeal Life Support Organization (ELSO).

Fall 2022, we trained our incoming cohort of new ECMO specialists with an in-house designed class tailored specifically toward our patient population. Previously, this was something that was contracted out.

Over the last year, we have experienced many firsts, one of which is having a pediatric patient awake and extubated on ECMO that participated in the early mobility program. With the enthusiastic teamwork of a multidisciplinary team (RNs, RTs, MDs, APPs, PT/OT, nutrition, ECMO team), we were able to begin physical therapy with this patient during their 44-day ECMO run.

### CHKD Overall Outcomes: Feb. 15, 2023
as entered in ELSO data registry

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<td>14</td>
<td>88%</td>
<td>12</td>
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<tr>
<td>Neonatal Cardiac</td>
<td>3</td>
<td>3</td>
<td>100%</td>
<td>3</td>
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<tr>
<td>Total</td>
<td>48</td>
<td>42</td>
<td>88%</td>
<td>38</td>
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</tbody>
</table>

**Note:** the above cumulative data is for CHKD cases that have been completely entered and submitted into the ELSO registry. As of the date above, there are currently 2 case(s) not included in the data due to either patient has not been discharged from hospital or the record has not been completely entered into the registry and submitted.
PROFESSIONAL PRACTICE
CHKD’s Nursing Education and Advancement Programs

Nursing Continuing Professional Development Program

CHKD received its three-year approval renewal as a provider of nursing continuing professional development in September 2022. The approval process is an arduous one and CHKD received approval with no noted findings.

In 2021, 231 individual nursing continuing professional development activities were offered. Those activities resulted in 8,757 contact hours being awarded to 2,346 nurses.

In 2022, 276 individual nursing continuing professional development activities were offered. Those activities resulted in 10,016 contact hours being awarded to 2,916 nurses.

Clinical Advancement Program

CHKD’s clinical advancement program (CAP) encourages, values, and rewards professional development and advancement for the clinical nurse. To be considered for advancement, nurses submit detailed portfolios enumerating activities and achievements in each pillar of relationship-based care.
Listed on the following pages are nurses from the Patient Care Services division who advanced through CAP.

**2021 CAP**

**May 2021**

**NEW CLINICAL NURSE 3**
- Barbara Frith - NICU
- Megan Bowman - PACU/DS
- Yvonne Swisher - NICU
- Sidney Garrett - NICU
- Chloe Batton - NICU
- Brittany Poulson - NSU
- Rebecca Baiza - Rehab
- Kylene Parker - 5B

**NEW CLINICAL NURSE 3 RENEWALS**
- Tiffany Minor - PACU/DS
- Madeleine Hood - 5B
- Mackenzie Ketchum - 5B
- Ashley Corpuz - PACU/DS
- Sherry Dortch - Transport
- Jamalia Thomas - RP
- Sarah Anthony - 7C
- Sheryl Spillane - PACU/DS
- Monica Laurendeau - ED

**NEW CLINICAL NURSE 4**
- Lorraine Studer - 8C
- Alison Ogden - NICU
- Audrey Douglas - Transport

**NEW CLINICAL NURSE 4 RENEWALS**
- Kari Holowiak - OR
- Lisa Calascibetta - PACU/DS

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**November 2021**

**NEW CLINICAL NURSE 3**
- Maureen Lowther - SB
- Laura Warner - NICU
- Safonya Miller - PACU/DS
- Deborah Zapata - 5B
- KellyAnn Talley - Transport
- Elena Jarrett - ED
- Taylor Hannah - NICU
- Karen Hancock - NICU
- Morgan Pittman - NICU
- Kathryn Outland - PACU/DS
- Sarah Davis - 8C
- Marci Manwiller - NICU
- Aaron Kondor - OR-OPSC

**NEW CLINICAL NURSE 4**
- Sherri Davis - RSIU
- Taryn Mathers - NICU
- Lauren Wood - NICU
- Afton Britt - OR

**NEW CLINICAL NURSE 3 RENEWALS**
- Jennifer Pribesh - PACU/DS
- Autumn Shands - 7C
- Elizabeth Gilmore - NCU
- Jean Ortega - Rehab

**NEW CLINICAL NURSE 3 RENEWALS**
- Rebecca Roenker - ED
- Miranda O'Leary - NICU
- Rachel Snyder - NICU
- Rachel Milcarek - 8C
- Cindy Shelton - RSIU
- Marcia Craver - OR
- Chyna Kinser - 7C
- Megan Mulherin - CCBDC
- Joellen Quany - 7C/PACU
- Barbara L'Abbe - OR
- Kelly Wiggins - 7C
- Margaret Ward - 7C

---

**CLINICAL NURSE 4 RENEWALS**
- Stephanie Graefe - ED
- Hannah Handy - Resource Pool
- Lynne Enneking - OR-OPSC
- Christopher Cannon - Transport
- Ann Vick - OR
- Teresa Black - CCBDC
- Erin Arthur - PACU/DS
- Allison Ames - OR
- Lisa Stephens - NICU
- Belinda Bordeaux - VAT
- Francine Reed-Barnes - RSIU
- Aubrey Todd - 8C, Mental Health
- Hannah Shaw - OR
- Maria Montgomery - PASC
- Jennie Spears - ED
- Megan Yeo – ED
2022 CAP

May 2022

NEW CLINICAL NURSE 3
Sidney Dextradeur - PICU
Mariellen Poynter - NICU
Kristin Sales - PACU/DS
Desiree Weber

Maureen Lowther - SB
SaFonya Miller - PACU/DS
Alison Ogden - NICU
Morgan Pittman - NICU
Lorraine Studor
KellyAnn Talley - Transport
Deborah Zapata - CCBDC

Joellen Quanty - PACU/DS
Kelly Wiggins -7C
Rachel Snyder - NICU
Rebecca Roenker - ED
Cindy Shelton - RSIU
Aaron Kondor - OPSC

NEW CLINICAL NURSE 3 RENEWALS
Sarah Anthony - 7C
Chloe Batton - NICU
Ashley Corpuz - PACU/DS
Barbara Frith - NICU
Megan Perry - PACU/DS
Sheryl Spillane - PACU/DS
Yvonne Swisher - NICU
Jamalia Thomas - Resource Pool

November 2022

NEW CLINICAL NURSE 3
Reanna Ramirez - 5B
Alexandra Egress - 5B
Venezia Laguerre - NICU
Denisa Vaughan - 5B
Linzi Bereitschaft - ED
Chelsea Kipp - NICU

NEW CLINICAL NURSE 4
Madeleine Hood - 5B
Jenifer Keech - PASC
Tiffany Minor - PASC

NEW CLINICAL NURSE 4 RENEWALS
Lisa Calascibetta - PACU/DS
Elena Jarrett - ED
Karen Hancock - NICU
Taylor Hannah - NICU

CLINICAL NURSE 3 RENEWALS
Barbara L’Abbe - OR
Sarah Davis - 8C
Margaret (Ward) Beaver - 7C
Jean Ortega - Rehab
Jennifer Pribesh - PACU/DS
Marcy Manwiller - NICU
Autumn Shands - PACU/DS
Megan Yeo - ED

CLINICAL NURSE 4 RENEWALS
Lisa Stephens - NICU
Lynne Enneking - OPSC
Christopher Cannon - Transport
Ann Vick - OR
Jennie Spears - ED
Belinda Bordeaux - VAT
Maria Montgomery - PASC
Afton Britt - PASC
Taryn Mathers - NICU
Hannah Shaw - OR
Lauren Wood - NICU
Erin Arthur - PACU/DS
Sherri Davis - RSIU
Francine Reed - Barnes - RSIU
Teresa Black - CCBDC

Certifications

Winter 2021

Renee Fulcher, MSN, RN, NE-BC, CHOP-B - Nurse Executive Certification
Nicole Mihill, BSN, RNC-NIC - High Risk Neonatal Nursing Certification
Maria Montgomery, BSN, RNC - Certified Ambulatory Surgery Nurse
Gary Shine, BSN, RN, CCRN-P - Certified Pediatric Critical Care Nurse
Briana Wickersham, BSN, RN, CCRN-P - Certified Pediatric Critical Care Nurse
Spring 2021
Amanda Pellerito, MA, BSN, RN, CCRN-P, CPHQ - Certified Professional in Healthcare Quality
Lelia Schutzenhofer, MSN, RN, CNL - Certified Clinical Nurse Leader
Carol Sheehy, BSN, RN, CCRN-P - Certified Pediatric Critical Care Nurse
Catherine Wallace de Melendez, MSN, RN, CNL - Certified Clinical Nurse Leader

Summer 2021
Drew Kee, BSN, RN, CPN - Certified Pediatric Nurse
Katelyn McCarthy, BSN, N-NIC - Certified Neonatal Neuro-Intensive Care Nurse
Tara Phelan, BSN, RN, CPN - Certified Pediatric Nurse
Kelly Roche, BSN, RN, CPN - Certified Pediatric Nurse
Amy Wilson, BSN, RNC-NIC - Certified Neonatal ICU Nurse

Fall 2021
Katelyn Hildreth, MSN, RN, CPN, NPD-BC - Nursing Professional Development Certification
Tabitha Lumpkin, BSN, RN, CCRN-P - Certified Pediatric Critical Care Nurse
Jean Ortega, BSN, RN, CPN - Certified Pediatric Nurse
Lisa Stephens, BSN, RNC-NIC, C-ELBW - Care of the Extremely Low Birth Weight Infant Certification
Jordan Wilkerson, BSN, RN, CCRN-P - Certified Pediatric Critical Care Nurse
Amy Wilson, BSN, RNC-NIC, C-ELBW - Care of the Extremely Low Birth Weight Infant Certification

Winter 2022
Madeleine Hood, BSN, RN, CPHON - Certified Pediatric Hematology Oncology Nurse
Hillary Kane, BSN, RN, CCRN-P - Pediatric Critical Care Nurse Certification
Amy Krupa, DNP, APRN, TNS, CPEN, CPN, SANE-A, SANE-P, TCRN, ACCNS-P - Pediatric Acute Care Clinical Nurse Specialist Certification
Leila Schutzenhofer, MSN, RN, CNL, CCRN-P - Pediatric Critical Care Nurse Certification

Spring 2022
Ana Fe Alvar, BSBA, RPSGT - Registered Polysomnographic Technologist
Michelle Arp, RPSGT - Registered Polysomnographic Technologist
Raquel Catbagan, RPSGT - Registered Polysomnographic Technologist
Angela Corpuz, RPSGT, RST - Registered Polysomnographic Technologist
Taylor Hannah, BSN, RNC-NIC, C-ELBW - Care of the Extremely Low Birthweight Infant Certification
Venezia Laguerre MSN, CNE - Certified Nurse Educator
Jan Thape, MSN, RNC-NIC, C-ELBW, C-NNIC - Neonatal Neuro-Intensive Care Certification
PROFESSIONAL PRACTICE

Summer 2022
Kathleen “Nikki” Bailey, BSN, RNC-NIC - Neonatal High Risk Nursing Certification
Megan Brinkley, MSN, RN, CPHON, CPN - Certified Pediatric Nurse
Bethany Eldredge, MSN, RNC-NIC - Neonatal High Risk Nursing Certification
Sidney Garrett, BSN, RNC-NIC - Neonatal High Risk Nursing Certification
Hannah Harris, BSN RNC-NIC - Neonatal High Risk Nursing Certification
Jasmine Harris, BSN, RNC-NIC - Neonatal High Risk Nursing Certification
Phoebe Heard, BSN, RNC-NIC - Neonatal High Risk Nursing Certification
Chelsea Kipp, BSN, RNC-NIC - Neonatal High Risk Nursing Certification

Fall 2022
Courtney Geisel, BSN, RN, CCRN-p - Certified Pediatric Critical Care Nurse
Dane Hilbert, BSN, RN, CCRN-p - Certified Pediatric Critical Care Nurse

Professional Achievements

Winter 2021
• Megan Flynn, MSN-CNL, RNC-NIC, C-ELBW - Completed MSN.
• Dane Hilbert, BSN, RN - Completed BSN.
• Haley Hopkins, BSN, RN - Completed BSN.
• Rachel Tucker, BSN, RN, ENT, Department Specialty Program Coordinator for the Children’s Aerodigestive Team was a Q&A panel speaker for Society for Ear Nose and Throat Advancement in Children (SENTAC) 2020 virtual meeting in December.
• Lee Williford, RRT-NCP, RCP contributed as a panelist on “NIV and HFNC for Neonates and Pediatric” for Clinical Foundations, a patient-focused education program for respiratory care professionals.
• Congratulations Tracy Reed on being awarded CHKD ER Team Quality Care Winner!

Spring 2021
• Kellie Blackwelder, BSN, RN - Completed BSN.
• Belinda Bordeaux, BSN, RN, VA-BC - Selected to serve as a team lead for a project to update clinical practice guidelines for the Association for Vascular Access.
• Maddie Butler, BSN, RN - Completed BSN.
• Ferne Elsass, MSN, RN, CPN, CWON - Presented several posters at the Symposium on Advance Wound Care Annual Conference and the WOCN National Conference: “Non-pouching Techniques in the Neonatal Intensive Care Unit,” and co-authored “A Novel Approach to Incontinent Associated Dermatitis in Pediatric Patients.”
• Ferne Elsass and Dallas Seitz, BSN, RN - Presented poster, “Preventing Pressure Injuries in the Adolescent Patient during the Intraoperative Period,” at the Symposium on Advance Wound Care Annual Conference and the WOCN National Conference.
• Courtney Geisel, BSN, RN - Completed BSN.
• Dane Hilbert, BSN, RN - Completed BSN.
• Rachel Horton, BSN, RN - Completed BSN.
• Rachel Milcarek, MSN, RN, CPN - Completed MSN in Nursing Education.
• Chelsea Moore, BSN, RN - Competed BSN.
• Dawn Scaff, MSN, RN, PFNE - Appointed by Governor Northam’s administration to a state taskforce on services for survivors of sexual assault.
• Michelle Shea, MSN, RN, CCRN - Completed MSN.
• Jonice Smitherman, BS - Completed BS in psychology.
• Jaylin Turner, BS - Completed BS in psychology.

**Summer 2021**

• Rebecca Baiza, BSN, RN - Completed BSN.
• Alexis Edwards, BS - Completed BS in psychology.
• Traci Farley, BSN, RN, Kenneth Hutchinson, BSN, RN, Robert Obermeyer, MD, FACS, FAAP, and Michael Goretsky, MD, FACS, FAAP authored the following posters, which were accepted as poster presentations for the 2021 Quality and Safety Conference: Implementation of Electronic Specimen Ordering in the Operating Room to Decrease Lost Specimens & Increasing Pre-op Bathing Prior to Surgery Through Communication and Collaboration.
• Lauren Hornef, BSN, RN - Completed BSN.
• Jennifer Kayton, MSN, CPNP-PC - Completed MSN.
• Sabrina Wigginton, BSN, RN, CCRC – Appointed COG CRA Discipline Vice Chair for the term of 2021-2025.

**Fall 2021**

• Ferne Elsass, MSN, RN, CPN, CWON won third place at the Mid-Atlantic Regional WOCN Conference for her poster, Non-pouching Techniques in the Neonatal Intensive Care Unit. Ferne was also elected MAR WOCN President-Elect.
• Ferne Elsass, MSN, RN, CPN, CWON authored the following: Stomal Care and Tracheostomy Related Pressure Ulcers; Published in Neonatal and Pediatric Wound Care, November 2021 Wound Certification Study Guide, 3rd Edition: Chapter 10; Published in Pediatrics, November 2021.
• Wiltorjinic Johnson, BSN, RN - Completed BSN.
• Christopher Mangum, CSSBB, Rachel Andam-Mejia, MSN, RN, Leslie Hale, LPN, Ana Mananquil, BSN, RN, CPN, Kyle R. Fulcher, MSN, RN, Jason Hall, BSN, RN, CPN, Laura Anne McDonald, BSN, RN, CPN, Karl Sjogren, BSN, RN, CPN, Felicita Villalon, Ami Mehta, MD, Kyrie Shoemaker, MD, Edward Johnson, MD and Sandip Godambe, MD, PhD, MBA authored the following article for the September/October 2021 issue of the Pediatric Quality and Safety Journal: Use of Lean Healthcare to Improve Hospital Throughput and Reduce LOS.
• Miranda O’Leary, BSN, RNC-NIC, Laura Warner, BSN, RNC-NIC, C-ELBW, Bethany Eldredge, MSN, RN, Elizabeth Moll, MSN, CPNP, Taylor Hannah, BSN, RNC-NIC, Jan Thape, MSN, RNC-NIC, C-ELBW, Jamil Khan, MD, FAAP, and Brett Siegfried, MD authored the following poster which was accepted at the Academy of Neonatal Nurse Annual Conference in September: Small Baby Unit Protocol: Development & Implementation.
**PROFESSIONAL PRACTICE**

**Winter 2022**
- Kathryn Colacchio, MD, Blare Forbes, MSN, RNC-NIC, Jamil Khan, MD, FAAP, Miranda O’Leary, BSN, RNCNIC, Jan Thape, MSN, RNC-NIC, C-ELBW, Laura Warner, BSN, RNC-NIC, C-ELBW, Leslie Worley, BS authored the poster: Refinement of the Golden Hour Process to Improve Outcomes of Very Low Birthweight Neonates.
- Veronica O’Rourke, BSN, RN – bachelor’s degree in science of nursing.
- Rachel Watson, MHA, RRT-NPS – master’s degree in healthcare management.
- Tabitha Lumpkin, MSN, RN, CCRN-P – master’s degree in nursing education.

**Spring 2022**
- Ashleigh Brown, MSN, RN, CPN, CPHON - Completed MSN in Nursing Education.
- Kari Hoover, RN, Megan Brinkley, MSN, RN, CPHON, Ana Mananquil, BSN, RN, CPN, and Tina Gustin, DNP, CNS presented their poster at Society of Pediatric Nurses Annual Conference: Interdisciplinary Collaboration in Optimizing Care of Pediatric Post-Operative Patients.
- Tanicia Johnson, RN - Graduated with RN, receiving two honors: Salutatorian and Alpha Delta Nu Nursing Honors Society.
- Hannah Jones, MSN, APRN, FNP - Completed MSN-Family Nurse Practitioner Program.

**Summer 2022**
- Wendy Davis, MSN, RN - Selected to speak on behalf of CHKD at a regional level for the DAISY Coordinator Roundtable hosted by the DAISY Foundation.
- Briana Jones, MSN, RN - Completed MSN, nursing education.
- Blake Reeder, BSN, RN - Completed BSN.
- Hannah-Kate Thompson, MSN, RN - Completed MSN, Pediatric Nurse Practitioner.

**Fall 2022**
- Andrea “Dawn” Jennings, MSN, RN - Completed MSN.
New Graduate RN Residency Program

Program History and Data:

2019
• Program developed by Clinical Practice Education Department and approved by senior leadership.
• First cohort of new graduate nurses scheduled into the program.

2020
• In July, first major started. A total of 45 nurses completed the program.

2021
• First full year of registering nurses into all four cohorts: winter, spring, summer, and fall. A total of 70 nurses completed the program.

2022
• 100 nurses completed the program.

Attrition rates of new graduate nurses per year since conception of the program:
• 2019: 75%
• 2020: 82%
• 2021: 75%
• 2022 (YTD): 90%

The Future of The New Graduate RN Residency Program
• 2023 Winter Cohort has 31 new graduate nurses registered; their first cohort will start in January.
• Continuing program development which will include updates to the curriculum, program goals, associated outcomes, data measurement and analysis.
• Plans to apply for the American Nurses Credentialing Center’s Practice Transition Accreditation Program in October 2024.

NICU Poster Fair Summer 2021
NICU held their second annual department poster fair. Below is a list of the posters which were presented and their authors.
• Neonatal Alloimmunne Thrombocytopenia: Lisa Stephens, BSN, RNC-NIC.
• Probiotic Use: A Quality Improvement Initiative: Lauren Wood, BSN, RNC-NIC, C-ELBW.
• Bacterial Classification and Antibiotics: Alison Ogden, BSN, RNC-NIC, C-ELBW.
• Cardiac Meds: Nikki Bailey, BSN, RN.
• Oral Care for NICU Infants using Colostrum/Breast Milk: Rachel Snyder, BSN, RN.
• Which Little Light to Shine: Taylor Hannah, BSN, RNC-NIC.
• Effects of Benzodiazepine use in the Neonatal ICU: Danielle Garcia, BSN, RNC-NIC.
• Spina Bifida: Karen Hancock, BSN, RNC-NIC; Laura Warner, BSN, RNC-NIC, C-ELBW.
• Implementing BPD Bundles in Neonatal Population: Hannah Harris, BSN, RN; Jaclyn Rourke, BSN, RN.
• Keyboard Contamination: Elizabeth Gilmore, BSN, RN.
• Helping NICU Nurses Increase Confidence in Clinical Skills Scenarios: Betsy Fox, BSN, RNC-NIC; Laura Warner, BSN, RNC-NIC, C-ELBW.
After the extended hiatus that was brought about by the pandemic, the local chapter is ready to get going again! A key element in this endeavor is to ‘get the word out’ to the pediatric nurses in our community.

First, in October 2022, we hosted an informational booth outside of the KD Cafe. This was followed by our first meeting on Nov. 10, 2022, at the new Children’s Pavilion. The timely theme for this first meeting was self-care, titled Reflections in Nursing Care. Our passionate presenter was Colleen Grose, CPES for nursing professional development.

Our second meeting reprised the annual MANNA bag-filling activity, supporting the homeless in our community with drinks, snacks, hats and gloves, and various toiletries.

We welcome all new members and fresh ideas as we look to the future. As we get back up and running, our goal is to reach beyond the doors of CHKD to include pediatric nurses and caregivers in our local community. Our plans include the option of virtual meetings, which seem to be a permanent element of our post-COVID world.

The primary passion of the CVSPN is to support the community through philanthropic activities. Ideas for the upcoming year include preparing meals for the Ronald McDonald House, hosting a lemonade stand for childhood cancer, providing care at a horse sanctuary, and donating school supplies.

Education remains a close second priority for the CVSPN. Upcoming presentations include children’s food allergies, wound and ostomy care, and the ENFit conversion. Meetings are held on the last Thursday of every other month. Membership is available to nurses as well as any healthcare provider who works with or cares for children. This associate member position is open to nursing care partners or therapists.

Follow us on Facebook and Instagram and contact us at coastalvaspn@gmail.com. We look forward to hearing from you!
Throughout 2021 and 2022, families of patients posted on the CHKD Facebook page, sharing their appreciation for our care and acknowledging many staff by name.

The nurses at CHKD are outstanding and beyond. My son’s first part of his life almost was spent there in the PICU and the nurses there made every effort to make me comfortable with him. They brought me clean clothes and food from their home.

Thank YOU to all the nurses and staff who care for My Brittish Willis. You all have been there for her since birth and your care is much appreciated. May God continue to bless you all.

I have to say these nurses here are outstanding. It’s great to see they love my son as if he was their own child. We are blessed to have such an amazing hospital full of amazing staff.
Our son was taken care of so well by the cardiac surgical team and the PICU nurses, and the cardio pod 14 years ago this past April. They were all amazing! He's grown well thanks to amazing care.

Trish in infectious disease and Fern from wound care are absolutely incredible. They met my whole family with such kindness and helped me advocate for my son. They went above and beyond to help with my son's osteomyelitis until we could get it resolved.

All the nurses that care for those sweet patients in PICU. Always caring, and comforting those brave little kids.

Our son was taken care of so well by the cardiac surgical team and the PICU nurses, and the cardio pod 14 years ago this past April. They were all amazing! He's grown well thanks to amazing care.

Shout out to the infusion nurses. They are the most sweetest, kindest, understanding group of women. Y'all rock ladies!!!! - love Nadia, mom, and dad!

Teresa Black and all of the other nurses in HemOnc clinic 😊 I have never felt so cared for and beyond blessed to have such wonderful nurses care for me even at my worst. They were there when I needed them the most! I'm beyond grateful for them getting me through 2 1/2 years of treatment and watching me grow and strengthen 😊 shout out to all of the nurses.
Student Nurse Extern Program

On May 16th, the Student Nurse Extern (SNE) cohort of 2022 arrived at Children’s Hospital of The King’s Daughters eager to explore the role of pediatric professional nurse.

The SNEs represented schools from across the east coast and were the first cohort in three years. Over the ten-week program, the externs attended professional development courses aimed at easing the transition from student nurse to professional nurse. Most importantly, the program allowed each extern to obtain over 300 additional hours of clinical experience!

Prior to their departure in late July, the externs completed an end-of-program evaluation. Of 18 externs, 15 expressed high likelihood of pursuing employment at CHKD as new graduate nurses (three discussed that they will live outside of Hampton Roads upon graduation). One extern has already accepted an offer of employment after graduation in December!

One extern reported, “This summer was absolutely wonderful for me! I will be going into my senior year SO much more confident in myself and my skills, and I have a renewed love for nursing. I know pediatrics and CHKD is the place for me! Thank you, Sarah, Katelyn, and everyone at CHKD who made the past 10 weeks absolutely incredible!”

Another stated, “This Student Nurse Extern program has been a really great learning experience, and I am so very thankful to have been a part of it. I have had many opportunities for growth and have learned so much from this experience. My confidence has grown tremendously, and I feel more prepared for an RN role in pediatrics. Sarah has done a great job developing this program, and she has taught me so much over this summer. I am so thankful for her and her availability to us as externs.”

Program Success: 18 Student Nurses Hired in 2022.

<table>
<thead>
<tr>
<th>Name</th>
<th>Unit</th>
<th>School</th>
</tr>
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<tbody>
<tr>
<td>Keziah Smith</td>
<td>7C</td>
<td>Liberty</td>
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<tr>
<td>Anna-Lisa Felt</td>
<td>7C</td>
<td>Sentara</td>
</tr>
<tr>
<td>Kaitlin Marcelo</td>
<td>7C</td>
<td>Bon Secours</td>
</tr>
<tr>
<td>Kayla Englar</td>
<td>PICU</td>
<td>Liberty</td>
</tr>
<tr>
<td>Laura ‘Allison’ Davis</td>
<td>PICU</td>
<td>University of Virginia</td>
</tr>
<tr>
<td>Ashtyn Spring</td>
<td>8C/7D</td>
<td>Liberty</td>
</tr>
<tr>
<td>Isabelle Ashliman</td>
<td>8C/7D</td>
<td>George Mason University</td>
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<tr>
<td>Liesel Devlin</td>
<td>Resource Pool</td>
<td>New York University</td>
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<tr>
<td>Joelle Harvey</td>
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<td>West Virginia University</td>
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<tr>
<td>Kendra East</td>
<td>NICU</td>
<td>Riverside</td>
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<td>Maria Marshall</td>
<td>5B</td>
<td>Sentara</td>
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<tr>
<td>Hannah Robertson</td>
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<td>Liberty University</td>
</tr>
<tr>
<td>Elena Cofer</td>
<td>Neuroscience Unit</td>
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<td>Alaina Albert</td>
<td>TICU</td>
<td>Liberty</td>
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<tr>
<td>Ashley Kornegay</td>
<td>Emergency Department</td>
<td>Sentara</td>
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<tr>
<td>Kaitlyn Banks</td>
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<td>James Madison University</td>
</tr>
<tr>
<td>Sydney Nosil</td>
<td>DS/PACU</td>
<td>Campbell University</td>
</tr>
<tr>
<td>Meghan McBride</td>
<td>DS/PACU</td>
<td>University of Virginia</td>
</tr>
</tbody>
</table>
Top row, left to right: Kendra East (NICU), Elena Cofer (Neuroscience), Sydney Nosil (DS/PACU), Hannah Robertson (NICU), Alaina Albert (TICU), Kayla Englar (PICU), Keziah Smith (7C), Laura Davis (PICU).

Middle row, left to right: Meghan McBride (DS/PACU), Ashtyn Spring (8C/7D), Kaitlin Marcelo (7C), Katie Banks (ED), Isabel Ashliman (8C/7D), Joelle Harvey (NICU), Sarah Hutton (Program Coordinator).

Bottom row, left to right: Liesel Devlin (Resource Pool), Ashley Kornegay (ED), Anna-Lisa Felt (7C), and Maria Marshall (5B).
CHKD Opens Two Mental Health Units: 7D Med/Psych and MHES

7D

The 7D med-psych unit includes seven beds so patients can receive treatment for medical or surgical conditions associated with, or along with, a mental health condition. This may include patients with an eating or feeding disorder, somatic symptom disorders, pain disorders, conversion disorders, neurodevelopmental disorders, treatment non-compliance, substance withdrawal, or patients with a suicide attempt. The unit accommodates patients who are awaiting safety plans or inpatient psychiatric admission.

7D features a multipurpose room equipped for group therapy sessions with members of the mental health team and child life. There is a consult room to meet with parents, a family lounge, and a de-escalation room that features bean bags and a sensory wall for patients to utilize. All patient rooms and bathrooms, as well as common areas, are mental health safe for patients. This unit is staffed with nurses, mental health coaches, and mental health technicians.
Mental Health Emergency Services

Mental Health Emergency Services (MHES) unit is a specialized, safe unit set apart from the emergency department. The MHES unit cares for medically cleared patients in the midst of a mental health crisis. This unit offers psychiatric emergency services in a quiet, therapeutic environment that specializes in trauma informed care. The unit consists of six private, safe rooms. There are lockers for patient belongings, as well as two shared bathrooms for patient use.

The MHES unit has a family lounge for parents, as well as for consults or meetings between staff and families. MHES staff are centralized to a teaming area that can visualize all patient areas at once. All patient rooms feature mental health safe beds, linens, and equipment. This unit is staffed with nurses, mental health coaches, and mental health technicians.
Children’s Pavilion: Nurses Bring Expertise, Care to New Mental Health Hospital

Since planning began at CHKD to build and open a new mental health hospital, our nursing staff members have played a vital role in making sure our efforts will address the continuing mental health crisis among our youth.

Their nursing expertise contributed to the design and structure of treatment programs at three new levels of care: the intensive outpatient program, the partial hospitalization program, and our inpatient facility. In addition to finalizing a safe physical environment, our nurses guided policy and process improvements related to clinical workflows, communication methods, and responding to high-risk patient events.

Our nursing team developed policy; coordinated internally with dozens of stakeholders and externally with regulators; and handled all of the application, inspection, and survey work required to obtain DBHDS licenses and DNV accreditation.

Now that Children’s Pavilion is open, our CHKD nurses staff a brand-new inpatient service. Our recruitment, onboarding, and training continues each day.
Nursing Excellence Award Winners 2021

Duchess Thourogood-Lundy
Patient Care Services
Leader of Nursing Excellence

Dawn Scaff
Ambulatory Care Services
Leader of Nursing Excellence

Krista Reynolds
Ambulatory Care Services
Nursing Excellence Award

Nursing Excellence Award Winners 2022

Traci Farley and Ken Hutchinson
Patient Care Services
Leader of Nursing Excellence Award

Lisa Kopecko
Ambulatory Care Services
Leader of Nursing Excellence Award

Walter Edwards
Patient Care Services
Nursing Excellence Award

Justina Regney
Ambulatory Care Services
Nursing Excellence Award
DAISY Award Winners 2021

Autumn Shands
7C Med/Surg

Deborah Clifton-Sickler
RSIU

Erin Smith
NSU

Gary Shine
PICU

Tali Luongo
ED

Erin Topalian
8C Progressive Care Unit

Maeve Coyne
Dialysis

Gwen Amond
PACU/Day Surgery

Kenna Dyess
7C Med/Surg

Trish Landis-Strum
Concert Drive Surgery Center

Sharlynne Wermter
NSU

Joanna West
8C Progressive Care Unit
DAISY Award Winners 2022

Lindsey Walker  
7C Med/Surg

Alexandra Egress  
5B Inpatient Hem/Onc

Betty Watson  
Transport

Emily Loftin  
NICU

Meredith Suyama  
NSU

Tanica Johnson  
NSU

Jasmin Katipunan  
NICU

McKenna Blythe  
PICU

Theresa Wyatt  
Leader Award  
Neurology

Michelle Enriquez  
NICU

Brandy San Agustin  
Leader Award  
PDC Pediatrics

Elizabeth Duez  
ED
Sunflower Award Winners 2021

Cameron Blue
Medical Social Worker

Yolanda Kersey
8C

Rebecca Wood
Paramedic/Emergency Department

Sunflower Award Winners 2022

Evan Gravitt
Mental Health

Ashley Domozick
General Pediatrics

Margot Dunleavy
7C

Julie Stewart
Urgent Care/Radiology Tech

PHIL Award Honorees 2021

Shara Kingcade
RRT

PHIL Award Honorees 2022

Rachel Watson
RRT-NPS
**Patient Transport Team**

In January 2022, a new 24/7 patient transport program was initiated to help improve patient care.

Time spent transporting patients was contributing to delays in the emergency department as well as in radiology and inpatient units.

**Patient Transport Activity**

In 2022, the transport team conducted 28,027 transports using 14,013 hours. The average number of patient care hours per day given back to clinical staff: 38.4. Our 2022 goal was to meet the industry standard for spending 24 minutes per transport. Our 2022 actual transport time was 11 minutes.
Maximizing efficiency, responsibility, and stewardship.

Make Pain Bearable

Make Pain Bearable is a personalized pain menu that provides options for non-pharmacological pain management. We use a white board in every patient’s room that can be written on for personalization. This tool that can be utilized by the entire interdisciplinary team to improve patient pain. It’s for all patients no matter their age.

Utilizing this tool can help with better pain outcomes during hospitalization. It brings awareness to non-pharmacological treatment options that can be used along with medication and empowers patients and families to have a voice in pain management.

Patients and families are given a paper copy of the Make Pain Bearable menu to review before surgery. As we explain the menu and answer any questions that patients or family members have, we also remind them that this is a guide and can be changed at any time throughout their hospitalization.

Whether admitted through the emergency department or otherwise, the Make Pain Bearable menu is reviewed when the patient reaches their admitting unit.

Neuroscience Research

The neuroscience nursing staff at CHKD are trained to provide optimal care for several types of research patients with various neurological diseases such as: Duchenne muscular dystrophy (DMD), spinal muscular atrophy (SMA), ceroid lipofuscinosis (CLNS) disease or tripeptidylpeptidase 1 (TPPI) deficiency, migraines, and epilepsy.

Each NSU nurse involved with research study treatments must pass the Good Clinical Practice for Clinical Trials education with the Collaborative Institutional Training Initiative program.

Neuroscience nurses administer several types of research study medications in various forms: intraventricular infusions, intravenous infusions, subcutaneous injections, and nasal sprays.

Our nurses work closely with RN clinical research coordinators and neuroscience attending physicians.

RN Clinical Research Coordinators: Collaborate with NSU staff and other departments such as pharmacy, PT, OT, and ST Services, Lab, VAT, EEG, and EKG. Responsible for data and specimen collection and documentation.
Neuroscience RN: Collaborate with neuroscience research teams, administer research treatments and medications per exact protocols, precise documentation and specimen collection, and monitoring vital signs and side effects.

Neuroscience Attending Physician: Dr. Proud
Neuromuscular Research Team
• Treats a large population of patients with gene therapy for both DMD and SMA. Involved with multiple clinical trials assessing a variety of treatments. Works closely with the neuroscience team to conduct clinical trials safely and successfully.

CHKD is now one of the leading institutions in the world providing gene therapy and conducting gene therapy research. In some cases, our site has been the only one in the US to conduct these research studies. Eligible patients vary per study from infants to adults.

Neuroscience Attending Physician: Dr. Chagnon
• Research study and treatment for late infantile neuronal ceroid lipofuscinosis Type 2 (CLNS2) disease or Tripeptidylpeptidase 1 (TPPI).
• Eligible candidates are symptomatic pediatric patients 3 years of age and older.
• Infusions administered through an implanted intraventricular port. Accessed by the MD and deaccessed by the RN.
• Treatment slows the loss of ambulation for afflicted patients.

Neuroscience Attending Physician: Dr. Williams
Research Studies include Treatment of Chronic Migraines
SQ injections

Neuroscience Attending Physician: Dr. Strunc
Research Studies include treatment for epilepsy: specifically frequent seizure activity, seizures in clusters, and acute repetitive seizures.

Eligible candidates are for patients with a history of epilepsy and are 6 years of age and older.
Hematology/Oncology Research

- The hem/onc division has approximately 120 open research studies for our patients with cancer, sickle cell disease, hemophilia, and aplastic anemia. The bulk of those studies are oncology trials.
- Types of clinical trials conducted include treatment, biology and banking, supportive care, late effects, and registries.

Nursing is foundational to research in our division.

- Nurses in our division serve in multiple roles to support our research.
  - **RN Clinical Research Coordinators (CRC):** We have RN clinical research coordinators who closely follow study patients. They work collaboratively with the physicians, bedside nurses, pharmacists, and other ancillary staff/departments. They oversee all of the study care from enrollment to completion and continue to follow study patients for up to 15 years after study completion. The CRCs monitor safety by following and promptly reporting side effects and disease response. They administer quality of life and neurocognitive test batteries, report all data to study sponsors and provide patient/family and staff education. They also work with the clinical team to collect blood, tumor tissue, CSF, and other clinical specimens for research.
  - **Nurse Responsible Investigators (RI):** We have two nursing responsible investigators who work closely with our bedside nursing staff. The nursing RIs help translate the research study to the bedside by educating nurses on study therapies, special requirements for specimen collection, patient monitoring, and patient/family education. The nurse RIs assist our CRCs with performing study ECGs, they support bedside staff by helping with clinical activities and also follow up with patients and families.
  - **Bedside RN:** Our bedside nurses are heavily involved in conducting the research as they administer the protocol therapies, monitor for side effects, collect research specimens, and provide patient and family education. The protocol therapies include IV infusions and oral medications. The administration of investigational agents as well as specimen collection is very time specific. The nurses work diligently with the entire team to ensure the study details are followed and documented in the patient’s record.
- Depending on the level of involvement in the research study, staff must complete study specific training, human subject protections, and good clinical practice training.

Support U

In all medical settings, errors and adverse events occur despite everyone’s best efforts. It’s not uncommon for team members involved in stressful cases to experience a range of complex feelings similar to post-traumatic stress disorder.

Fortunately, early peer-to-peer support often helps those involved in adverse events cope with their stress. CHKD has offered Support U, a three-tiered model of support for team members who have experienced the kind of event that can lead to second victim syndrome, job-related stress, and burnout.

Support U was launched in 2016, and we have trained 208 peer supporters who remain active. More than 300 peer encounters have been documented, along with multiple other informal interactions.
Behavioral Emergencies: Improving Our Response

In 2019, a group of mental health and emergency department staff at CHKD began working on a quality improvement project to improve our response and treatment for patients with mental health concerns. We recognize that behavioral health emergencies can be scary and dangerous for staff and patients alike. We needed to improve our team response and provide an avenue to learn from these events to aid our improvement project.

This project has had several phases, starting with our rapid response team, agitation management algorithm, and debriefing after events. We developed an Aggression Prevention Team (APT), as a rapid response team of trained mental health professionals and members of the interdisciplinary team to provide early intervention and develop a patient-centered plan of care. The goals of this team are to identify and treat causes of aggression or escalating behavior, identify/remove triggers, prevent escalation, and provide proactive behavior management. Our goals are that we will see similar results that other hospitals have, reducing the need for restraints, security presence, and staff injuries.

As part of this work, we developed an updated Agitation Management Algorithm. The algorithm takes one through the different possible etiologies for agitation. The first step in managing challenging behavior is identifying the cause. Once the etiology is identified, suggested treatments are listed.

In 2020, we launched the next phase of our improvement project, debriefing after behavioral alerts and elopements. Debriefing has been used in numerous platforms to help identify strengths and weakness. Debriefing is a learning opportunity to self-reflect and as a group identify areas for improvement. Since we started debriefing after behavioral alerts in April 2020, we have identified several areas for improvement as well as strengths.

Debriefing provides a way for the frontline staff to communicate with leadership how the organization can better support them in their direct care of patients. Frontline staff have responded positively to debriefing and found it to be beneficial.

Debriefing also provides the staff the opportunity to pause and reflect, learning together how they can provide better care to our patients. Managing challenging behaviors is a team effort and takes time and patience. Our quality improvement efforts aim to prevent escalating behaviors by providing early intervention with the use of the APTeam, improve staff and patient safety, and decrease the use of restrictive measures. Every individual effort counts, and we thank you for the difference you are making for our patients here at CHKD.
Improving Patient Care

Trauma

In 2021, CHKD received state re-designation as a Level 1 Pediatric Trauma Center. CHKD saw 1,094 trauma patients in 2021 and 1,114 in 2022.

Trauma Services received awards from Peninsula EMS for Outstanding Contribution to EMS for Children as well as one from the Urban Renewal Center recognizing the care given to victims of violence.

Several programs were started to include Stop the Bleed courses for the entire organization as well as in the community including Virginia Beach Public Schools Nurses, placing Stop the Bleed Kits in all CHKD facilities, Hospital Violence Intervention Program and providing free gun locks to families.
The 5th and 6th Annual Eastern Pediatric Trauma Conferences were held virtually in May of 2021 and 2022, respectively. The 7th annual conference will be held in-person in May of 2023.

Other community outreach projects by Trauma Services include:
Tidewater EMS Expo, EMS recognition week with a YETI cooler giveaway, National Night Out in Portsmouth, Bike Safety Education with a helmet and scooter raffle at a health and safety fair in Chesapeake, free car seat giveaways at Mile One Auto and the Virginia Fall Classic, and the Virginia EMS Symposium in Norfolk. Trauma Services, along with the CHKD Transport Team, represented CHKD in the Norfolk Grand Illumination Parade.

Trauma Services experienced several changes in staffing and leadership. Cathy Peterson, the trauma program manager since beginning of the program, retired, and was replaced by Whitney Pierce. Dr. Ann Kuhn, who led the fight to ensure injured children received the highest level of care by initiating and growing the trauma program for more than 10 years, passed the torch to Dr. Katherine Davenport. Rebekah Mercer took on the role of trauma education specialist from Shanon Mack, who joined Shirley Darden as our trauma registrars.
Improving Peripheral Intravenous Insertions

Our goal: To decrease delays in general care peripheral intravenous (PIV) insertions by 15%. Decreasing Vascular Access Team (VAT) and Emergency Department (ED) PIV starts allowed ED staff to stay on the unit and VAT staff to prioritize central line insertions and troubleshooting.

Using the Model for Improvement, we identified causes for delays, lack of skill and confidence and tested an education and sustainability program including a hands-on skills workshop, shadowing opportunities, transparency of unit staff competency levels and use of a Difficult IV Access (DIVA) scoring tool. This tool assisted general care staff in identifying the level of experience required for PIV attempts and when to escalate. An interrupted time-series design applied statistical process control methods to detect special causes.

The percentage of general care PIVs inserted >60 minutes after a prior PIV was discontinued, decreased by 16% (Figure 1). The number of general care PIV/labs completed monthly by the VAT (Figure 2) and ED (Figure 3) decreased by 29.1% and 81.3% respectively. Novice/advanced beginners decreased by 22.1% and proficient and expert levels increased by 222.5% and 153.3% respectively (Figure 4). Nursing surveys reported a 23.2% increase in confidence while 37.9% fewer staff reported starting zero PIVs in the last 3 months (Figure 5a/b).

The implementation of quality improvement measures decreased delays in general care PIV insertions, aiding critical care staff to prioritize higher acuity patients. Improving PIV insertion skills and DIVA scoring tool use will be part of future continuous improvement.
We tracked a 15.6 percent decrease from 2021.

Figure 2

Number of Inpatient PIV/Labs Completed by VAT per Month

Figure 3

Number of General Care PIV/Labs Completed by ED per Month

65.6% Decrease from 2021

Figure 4

Percent General Care PIV Insertion Skill Level by Year
1=Novice/Advanced Beginner 2=Proficient 3=Expert

Figure 5A

Q4: How many PIVs have you started in the last 3 months?

Figure 5B

Q6: What do you think the major barriers are in starting PIVs on your patients?
Small Baby Unit

Extremely low birth weight patients comprise a large proportion of the NICU population. Their survival requires specialized care and practice. Development of a Small Baby Unit is pertinent in improving both morbidity and mortality rates among our smallest NICU patients.

In the NICU at CHKD, we utilized the Neuro Protective Model by Altimier & Gibbons (2013) to begin the framework for the development of our SBU. We used evidence-based research on the seven core measures that Altimier & Gibbons’ Neuro Protective Model is based on to drive our small baby practice in protecting and promoting optimal neurodevelopmental care.

These seven measures include: safeguarding sleep, positioning and handling, protecting skin, minimizing pain and stress, nutrition, partnering with families, and healing environment. In our unit we felt that adding an eighth core measurement of ‘Golden Hour’ was important for this patient population since much of this time sets the tone for their stay in the NICU. At CHKD, our SBU population consists of babies born between 22 and 27 weeks, with birth weights ranging from 370 grams to 1170 grams.

Improvements we have made so far:

Necrotizing Enterocolitis decreased from 10% in 2021 to 2% in 2022

The Golden Hour Project focused on overall decrease in time to admission to the completion of the Golden Hour.
Areas of current focus: Early and late onset sepsis by decreasing central line days with decreased time to full enteral feed.

Vocera Ease

Perioperative services and PICU are trialing a module called Vocera Ease. This application allows staff to send one-way text messages to family members about the status of their child. Once enrolled, the parent or guardian has the ability to add other family members, so everyone is getting the messages at the same time (enrollment is specific to the current encounter).

There are plans to expand the platform to the NICU in 2023 for further evaluation.